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JUL 1 8 2005

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FACSIMILE COVER SHEET

DATE: JULY 18, 2005

NUMBER OF PAGES (INCLUDING THIS TRANSMITTAL COVER SHEET): 9

OUR REFERENCE: 224367

FROM: JOHN KILYK, JR.

REGISTRATION No. 30,763

DIRECT LINE: (312) 616-5665

To:

MAIL STOP AF

UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS ALEXANDRIA, VA 22313

FACSIMILE NUMBER: (571) 273-8300

IN RE APPLN. OF:

Mueller et al.

APPLICATION NO.

10/660,687

FILED:

September 11, 2003

Docket No.:

00001CON (LVM Reference No. 224367)

ATTACHED PLEASE FIND THE FOLLOWING DOCUMENTS:

FORM PTO-1083 (1 PAGE, IN DUPLICATE)
REPLY TO OFFICE ACTION (6 PAGES)

A confirmation copy of the transmitted document will:

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FORM PTO-1083

PATENT Attorney Docket No. 00001CON LVM Reference No. 224367 Date: July 18, 2005

In re Application of: Mueller et al. Application No. 10/660,687

Filed:

September 11, 2003

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a reply to office action in the subject application.

☐ Small entity status is claimed for this application under 37 CFR 1.27.

Petition for an extension of time for the period noted below, as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

Other:

☑ Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.

		•			SMALL I	ENTITY	OTHER THA	
TIME EXTENSION PETITION FEE			none .		\$ 0.00 (\$ 0.00)		\$ 0.00 (\$ 0.00)	
subtract time extension fee previously paid								
CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE
TOTAL	17	MINUS	20	= 0	x 25 =	\$	x 50 =	\$0.00
INDEPENDENT	1	MINUS	3	= 0	x 100 =	\$	x 200 =	\$0.00
	ESENTATION OF	MULTIPLE	CLAIM	<u> </u>	+ 180 =	\$	+ 360 =	\$0.00
TOTAL AMOUNT	TO BE CHARG	ED TO DEP	OSIT ACCOUNT		TOTAL	\$	TOTAL	\$0.00

- ☑ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216.
 - Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted, LEYDIG, VOIT & MAYER, LTD.

Leydig, Volt & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6780 (312) 616-5600 (telephone) (312) 616-5700 (facsimile)

Amendment of ROA Transmittal (Revised 5/9/05)

FORM PTO-1083

PATENT Attorney Docket No. 00001CON LVM Reference No. 224367 Date: July 18, 2005

In re Application of: Mueller et al. Application No. 10/660,687

Filed:

September 11, 2003

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					ŞMALL	ENTITY	OTHER THAT	
TIME EXTENSION PETITION FEE			none		\$ 0.00		\$ 0.00	
subtract time extension fee previously paid			none		(\$ 0.00)		(\$ 0.00)	
							 	
CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT	i H	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEÉ
TOTAL	17	MINUS	20	= 0	x 25 =	\$	x 50 =	\$0.00
INDEPENDENT	1	MINUS	3	= 0	x 100 =	\$	x 200 =	\$0.00
FIRST PRESENTATION OF MULTIPLE CLAIM					+ 180 =	\$	+ 360 =	\$0.00
TOTAL AMOUNT			OCIT ACCOUNT		TOTAL	\$	TOTAL	\$0.00

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Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6780 (312) 616-5600 (telephone) (312) 616-5700 (facsimile)

Amendment or ROA Transmittal (Revised 5/9/05)

RESPONSE UNDER 37 CFR 1.116

EXPEDITED PROCEDURE

JUL 1 8 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application No. 10/660,687

Applicant: Mueller et al.

Filed: September 11, 2003

TC/AU: 2822

Examiner: Guerrero

Docket No.: 00001CON (LVM Reference No. 224367)

Customer No.: 23460

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REPLY TO OFFICE ACTION

Sir:

In reply to the Office Action dated May 19, 2005, please enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

MAI	ILING/TRANSMISSION CERTIFICAT	TE UNDER 37 CI	FR 1.8 OR 1.10
I hereby certify that this do	ocument and all accompanying documents are, on the Office at fax number: (571) 273-8300.	he date indicated below	v, being facsimile transmitted to the
Name (Print/Type)	John Kilyk, Jr.		
Signature	betil, b.	Date	July 18, 2005